PTOYSBANGIT-Q-1)

Under the Peperson Reduction Act of 1895, no periods are required to respond to a politication of information unders I displaye a valid CMB control number. Approved for use through 1/11/2000 CHIR ON 11/2003 U.S. Peters and Trademark Office; U.S. DEPARTMENT OR COMMERCE Application or Docket Number Substitute for Form PTO-875 Bliective December 8, 2004 80 APPLICATION AS FILED - PARTI (Column 1) OTHER THAN (Cainin 2) SMALL ENTITY OR SMALL ENTITY FOR HUMBER FILED HUMBER EXTRA BASIC FEE 137 CFR 1 1911 19 a tell BATE IS EEE AI RATE (\$) NA H/A FEERS HVA 150,00 SEARCHFEE NIA 300.00 (37 OFR 1 16/W. H. or [m] N/A . N/A NA EXAMINATION FEE \$250 NIA \$600 (27 CFR 1 1610) (p), or [9] : NA N/A NA TOTAL GLAIMS 197 GR 1 18(0) \$100 NA \$200 MINUS 20 . X\$ 25 INDEPENDENT CLAIMS X\$50 OR 127 CFR I IGINI C tunim X100 Il live apacification and drawings exceed 100 X200 APPLICATION SIZE sheels of paper, the application size fee due 4: \$260 (\$126 for small entity) for each F6E TOT CER LIGHT additional 60 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(Q) and 37 CFR 1:16(s). MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR | 1841 +160= 436O. t the diference in column 1 is less then zero, enler "O" in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3): OTHER THAN OR SMALL ENTITY CLXIMS REMAINING SMALL ENTITY HIGHEST NUMBER PRESENT AFTER MENDMENT RATE (1) ADDI-0 6 ENDMENT PRÉVIOUSLY EXTRA RATE(\$) TIONAL ADDI PAID FOR FEE (1) TIONAL FEE (1) ALCIA LINI 42 Minus 42 Ø, X\$ 25 profesion X\$50 Minus OR 6 X100 X200 Application Ste Fee (37 CFR 1.16(6)) Оfl PRIST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (17 CFR 1.160) +180= OR +360= TOTAL TOTAL ADO'L FEE **O**R ADO'L FEE (Column 1) CLAIMS REMAINING (Column 2) (Column 3) HIGHEST 8 NUMBER PRESENT RATE (\$) ADDI-TIOHAL AFTER. PREVIOUSLY EXTRA RATE (\$) ADOI-HANOIT PAID FOR COLORAL TOTAL FEE (1) Minus X\$ 25 tropendent . X\$50 OR Minus 444 X100 Application 6124 F44 (37 OFR 1.16(8)) X200 OR. first presentation of multiple dependent claim the CFR 1.160) 4180a +860± OR TOTAL. If the entry in column 1 is best than the entry in column 2, write "or in column 3.

If the Alighest Number Previously Paid For IN THESEPACE is less than 3, enter "20".

The Alighest Number Previously Paid For IN THESEPACE is less than 3, enter "20".

The Alighest Number Previously Paid For IN THESEPACE is less than 3, enter "20".

The Alighest Number Previously Paid For IN the SPACE is less than 3, enter "20".

The Alighest Number Previously Paid For IN the SPACE is less than 3, enter "20".

The Alighest Number Previously Paid For IN the SPACE is less than 3, enter "20".

The Alighest Number Previously Paid For IN the SPACE is less than 3, enter "20".

The Alighest Number Previously Paid For IN the SPACE is less than 3, enter "20".

The Alighest Number Previously Paid For IN the SPACE is less than 3, enter "20".

The Alighest Number Previously Paid For IN the SPACE is less than 3, enter "20".

The Alighest Number Previously Paid For IN the SPACE is less than 3, enter "20".

The Alighest Number Previously Paid For IN the SPACE is less than 3, enter "20".

The Alighest Number Previously Paid For IN the SPACE is less than 3, enter "20".

The Alighest Number Previously Paid For IN the SPACE is less than 3, enter "20".

The Alighest Number Previously Paid For IN the SPACE is less than 3, enter "20".

The Alighest Number Previously Paid For IN the SPACE is less than 3, enter "20".

The Alighest Number Previously Paid For IN the SPACE is less than 3, enter "20".

The Alighest Number Previously Paid For IN the Space In t TOTAL